



VOLUNTEER APPLICATION

- Adult
College Student
High School Student

PERSONAL

Name, Birth Month and Day, Address, City/Zip, Primary Phone, Secondary Phone, Email, Current employer or school

EMERGENCY

In case of an emergency notify, Relationship to you, Primary Phone, Secondary Phone

REFERENCES AND SCREENING

Adult Applicant Non-Relative References, Name, Phone #, Email, Address, City, State, Zip

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, pled no contest for any offense other than minor traffic violations or are you charged with an unresolved criminal charge?

BACKGROUND AND REQUESTS

Previous work, volunteer experience, and/or community involvement, Language(s) spoken other than English, How did you find out about our volunteer program?, Special education, training, skills (including computer) and interests, Reason for volunteering, Type of service that interests you

Adult Volunteers

Day(s) preferred, Hours preferred

Summer Student Volunteers / Program

Session One (4 weeks), Session Two (4 weeks)

To be considered for one of our specialty volunteer programs, check all that apply. I am a: Cancer Survivor, Pet Therapy, Retired Nurse, Escort, Volunteer Advisor, Bariatrics

Once accepted into the volunteer program, I agree to give regular and dependable service to Carrollton Regional Medical Center. Signature, Date, Signature of parent or legal guardian if applicant is under 18 years, Date

The application process includes a personal interview, checking of references, submitting to a criminal background check, completing a screening, a drug screening, and attending general volunteer orientation. Upon acceptance, you will receive training to enable you to efficiently perform your duties as a volunteer. It is expected that volunteers will comply with the hospital and department policies and guidelines.